

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/ 559750

FILING DATE

APPLICANT(S)

CLAIMS

	CLAIMS					
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
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8						
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10						
11						
12						
13						
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15						
16						
17						
18						
19						
20						
21			1			
22			1			
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28						
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30						
31						
32						
33						
34			1			
35						
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37						
38						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			2			
TOTAL DEP.			12			
TOTAL CLAIMS			14			